*		0	overnment of the District of Columbia ffice of the Chief Financial Officer ffice of Tax and Revenue D-30: 2000 Unincorpora Business Franchise Tax Ret								00	03000	0100	00				
FE	DERA	AL EN	PLOYER I.D. NUMBER SSN (If self employed)		Ė	TYPE OF BUSINESS FOR OFFICIAL												
	SINE	ee N	AME		L				ΓΛΥΛΕ	DIE V	EVD	ENDIN		USE	ON	LY	:	
ВО	SINE	33 IN	AVIE					1	M	M			D	Y	Y		Y	Y
D.C	C. ADI	ORES	SS LINE #1				Ξ			_	-	-	Ξ	Mark	an "X	" in	the bo	ox
D.0	C. ADI	ORES	S LINE #2				_			_	4		_	belov AME				٧.
D.C. ADDRESS LINE #2															X			
CIT	CITY						STATE	-	ZIF	+ 4	Ŧ	-	F	1.1	_			
MA	ILING	ADI	DRESS LINE #1					_	Ŀ	_	_	NUI	MBEI	R OF B	JSINE	SS	LOCA	TIONS
														In the District	: [
MA	ILING	ADI	DRESS LINE #2				Т				Ť	T	٦	Outside the				
CIT	Υ					9	STATE	_	ZIF	+ 4	7	-	_	District	: !			
L) F A	DINSTRUCTIONS REPORT PREPARING RETURN. File this return if year						L		640	000 -] -	_	4		
		KEA	D INSTRUCTIONS BEFORE PREPARING RETURN - File this return if your		oss	inc	ome	IS II	ore		ъιz, LLA		ega	irales	S OI	net	CEN	TS
		1.		\$		ļ,l		Ц	╝,			Ш,	, <u>L</u>			J		_
		2.	COST OF GOODS SOLD (from Schedule A) AND/OR OPERATIONS (Attach statement)	\$,,			Ι,				.E			Ш		
		3.	GROSS PROFIT (Line 1 minus Line 2)	\$		Ú		Т	Ī.	Г				Т				$\exists \vdash$
	Щ	4.	DIVIDENDS (Attach statement) Minus Subpart F income (See instructions)	\$		"	T	Ť	₹'				Έ	T		Ϊ	T	Ŧ١
	Ö	5.	INTEREST (Attach statement)	\$,	T	Ť	₹'	H	П		'片	Ť		1	Ħ	=
	2		GROSS RENTAL INCOME (from Schedule D)	Ţ		,		Ť	╡'	H		H	'늗	÷				=
ш	SS		ROYALTIES (Attach statement)	Ψ.		,		÷	╡'	H		H	<u>'</u> 누	+	H			-
HERE	RO		(a) NET CAPITAL GAIN (Attach copy of your Federal Schedule D)	Ψ		,		+	╡,	H		H	<u>,</u>	+	누	-		4
RDER 1	G	0.	(b) ORDINARY GAIN (LOSS) FROM PART II, FEDERAL FORM 4797	Ψ		,		4	╡,	느		닏	<u>, </u>	<u> </u>	Ļ			41
			(Attach copy of your Form 4797)	\$,		_	╝,	L		Ш	, <u>L</u>	4	L			_
۲.		9.	OTHER INCOME (Attach statement)	\$		۱,۱			⅃,			Ш	,L					_
OR MONEY		10	TOTAL GROSS INCOME (Add Lines 3 through 9)	\$		I,			Ι,				,E					
Σ		11	SALARIES AND WAGES (do not include owner's)	\$		Ĺ].									
S O		12	REPAIRS	\$		ľ		Т	7	Г		П	Ī	Т	П			
밀		13	BAD DEBTS (Attach copy of statement filed with federal return)	\$,		Ť	Ŧ'	Т		Ħ	"广	Ť	Ħ			
АТТАСН СНЕСК		14	RENTAL EXPENSES RELATED TO RENTAL INCOME	\$		7		Ħ	╡'	F		Ħ	'⊨	十	H	i		╡
TAC	SN		RENT	Ψ.		,		÷	╡'	H		H	<u>'</u> 늗	÷	H		_	=
AT	<u></u>			Ψ		,	_	+	╡,	H		H	<u>,</u>	+	H		_	-
_	CO		. TAXES (from Schedule C)	Τ.		,		4	╡,	느		님	<u>,</u>	+	Ļ		<u> </u>	4
			INTEREST EXPENSE (from Schedule E)	Ψ		,		_	╝,	L		Ц	, <u>L</u>	<u> </u>	L			_
		18	CONTRIBUTIONS OR GIFTS (from Schedule B)	\$		۱,۱			⅃,			Ш	,L		L			_
		19	. AMORTIZATION (Attach copy of your Federal Form 4562, Part VI. See instructions)	\$					J.				,E	Ι				
		20	DEPRECIATION (Attach copy of your Federal Form 4562. Do not include amounts reported elsewhere. See instructions)	\$					Ī.				Ī	Ī				
		21	OTHER ALLOWABLE DEDUCTIONS (from Schedule G)			,		Ť	Ŧ'	Ī		Ħ	Ϊ	Ť	T	i		
		22	. TOTAL DEDUCTIONS - Add Lines 11 through 21	\$,		T	₹'	Т		Ħ	Ή	Ť	T	í		٦l,

Ī				NAME :																
L		FEI	DERAL	EMPLOYER I.D. NUMBER/SSN :			_		_"'		•			030	002	000			0=1	
		23.	NET IN	ICOME (Line 10 minus Line 22)	\$.[DOL	LAR:	S	.Г	Ť	Ť	1.1	CEN	ITS
		24.	(a) NO	N-BUSINESS INCOME (Attach statement)	\$						<u>,</u> [Ī	Ī		Ĺ	Ī	Ī			
			(b) MIN	IUS: RELATED EXPENSE (Attach statement)	\$		ĺ,ĺ],				Ĺ	I	Ι].[
			` '	BTRACT 24(b) FROM 24(a) (see instructions)	\$		Ĺ].		I		Ĺ		I].		
TAXABLE INCOME	AIT.	25.	NET IN	ICOME FROM TRADE OR BUSINESS SUBJECT TO APPORTIONMENT (Line 23 minus 24(c))	\$		ĺ,ĺ],				<u>,</u> [I	I].		
		26. D.C. APPORTIONMENT FACTOR (from Line 5, Schedule F. If none, ent												Ľ	Ì.					
	E L	27. NET INCOME FROM TRADE OR BUSINESS APPORTIONED TO THE DISTRICT (Multiply Line 25 by Line 26)									,[,Ľ].		
	XAB	28. ADD PORTION OF LINE 24(c) ATTRIBUTABLE TO D.C. (Attach statement)					۱,۱				,[\Box		,Ľ].,		
	_	29.	TOTAL	DISTRICT NET INCOME (OR LOSS)	\$	Г	Ш					П	Т		Γ		Т	7.		
		30.	MINUS	S: SALARY FOR TAXPAYER(S) SERVICES (from Schedule J, Column 4)	\$						<u>.</u>	Ī	Ť	Ī	Ϊ. [Ť	Ť	1		
		31.	EXEM	PTION (if part year return, enter number of days in D.C)	\$		Ĺ].		Ī	Ī	Ē		Ī			
		32.	TOTAL	TAXABLE INCOME	\$		ĺ,ĺ				Ĵ,				Ĺ		I].		
		33.	TAX (9	.975% of Line 32). If tax due is less than \$100, enter \$100	\$		Ù][П	Т	٦			Т	٦١		
		34.	MINUS	3: (a) TAX PAID, IF ANY, WITH REQUEST FOR EXTENSION OF TIME TO FILE	\$		ļ				<u>,</u> [Ī	Ī		Ĺ	Ī	Ī			
				(b) 2000 ESTIMATED TAX PAYMENTS	\$		Ú				٦	П	Т	П	Ī	Т	Т	1		
				(c) ECONOMIC DEVELOPMENT ZONE INCENTIVES CREDIT (from worksheet)	\$						<u>.</u> [Ī	İ	Ī	<u>`</u> [Ť	İ	j.		
		35.	TOTAL	OF LINES 34(a), 34(b), and 34(c)	\$		Í,				Ĵ,				Ĺ	Ī	Ī].		
>	ž	36.	BALAN	ICE DUE (Line 33 minus Line 35)	\$							П	T		Γ		Τ			
١		37.	PENAL	TY \$ INTEREST \$ TOTAL PENALTY AND INTEREST	\$			Τ			Ĭ	T	T	ī	Ϊ	Ť	Ť	7		
		38.	TOTAL	UNPAID BALANCE, PLUS PENALTY AND INTEREST. (Add Lines 36 and 37)			,	Ξ		$\overline{}$	Ϊ	T	Ť	Ħ	Ϊ _.	Ť	Ť	ī.	Π	
		39.		PAYMENT (Line 35 minus Line 33)			,	Π			"	T	Ť	i	<u>'</u>	Ť	Ť	i.		
		40. (a) CREDIT TO 2001 ESTIMATED TAX									<u>.</u> [Ī			Ĺ	Ī		j.		
			(b) AM	OUNT TO BE REFUNDED - Line 39 minus Line 40a	\$		اً, ا				j.				Ĺ		I].		
ſ	P	LE.	ASE SN	Under penalties of law, including criminal penalties for false statements and tax preparer penalties un and, to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person	der D. other	.C. Co	ode s the ta	axpay	er, this	declar	ation	is ba	seq., I d sed on erson	all inf	forma	ition av	e exam ailable	ined th to the	is retu prepai	rn rer.
L		HE	RE	TAXPAYER'S SIGNATURE DATE				L	<u>_</u>	<u>_</u>		<u>L</u>	<u>_</u>	<u>_</u>		ŀL	<u>_</u>	<u>_</u>	<u> </u>	Ц
								Prep	arer's	SSN	or P	TIN			Ļ					
	PR	PA EP	ID ARER	PREPARER'S SIGNATURE (If other than taxpayer) DATE				L							_		_			
		ON		FIRM NAME				Prep	arer's	Feder	al E	mploy	er I.D.	. Nun	nber					
				FIRM ADDRESS											_					

Mail return and payment to: D.C. Government, Office of Tax and Revenue, Ben Franklin Station, P.O. Box 610, Washington, D.C. 20044-0610, on or before the 15th day of the fourth month following the close of the taxable year. Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID Number/SSN, "D-30" and tax year on your payment.

Schedule A - COST OF GOODS SOLD (See specific instruction for Line 2.)

		,	
1 Inventory at beginning of year (if different from last year's clos	sing inventory, attach	explanation)	
2 Purchases	\$		
Less cost of items withdrawn for personal use	\$	Enter result here →-	
3 Cost of Labor			
4 Material and supplies			
5 Other costs (attach statement)			
6 Total of lines 1 through 5			
7 Inventory at end of year			
8 Cost of goods sold (Line 6 minus Line 7). Enter here and			
Method of inventory valuation used			

Schedule B - CONTRIBUTIONS OR GIFTS (See specific instruction for Line 18.)

 \$		\$
	TOTAL (Subject to 15% limit) (Enter also on Line 18, page 1)	\$

Schedule D - TAXES (See specific instruction for Line 16.)

Type of Tax	Amount	Type of Tax	Amount				
	\$		\$				
TOTAL (Enter on Line 16, page 1 of this form, that portion of the total not included below in Schedule D)							

Schedule D - INCOME FROM RENT

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation or Depletion (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. D-1)	Col. 6 Taxes, Interest and other Expenses (Explain in Sch. D-1)				
1.		\$	\$	\$	\$				
2.									
3.									
4.									
5.									
6.									
7. TOTAL (Enter on Line 6, page 1 the total of Col. 3	3)	\$	\$	\$	\$				
8. TOTAL OF COLUMNS 4, 5, and 6 (Enter also on Line 14, page 1).									

Schedule D-1 - Explanation of deductions claimed in Columns 5 and 6 of Schedule D

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$



Page 4

	Name and Address of Payee	Α	mount		Name and Address	of Payee		Amount
		\$					\$	
							\rightarrow	
							\rightarrow	
	L (Enter on Line 17, page 1, that portion of the total not incli							
Sche	edule F - D.C. APPORTIONMENT FACTOR	(See S _l			- Carry all factors to	<u> </u>	;)	
				ol. 1 OTAL		Col. 2 IN D.C.		Col. 3 FACTOR
4 DD	OPERTY FACTOR: Average value of real estate and tang	مامات						mn 2 divided by Column 1)
per	sonal property owned by or rented to the unincorporated t	busi-			Φ.			,
	ss and used by that business		5		Φ			
	YROLL FACTOR: Total compensation paid or accrued be unincorporated business		5		\$			
3. SA	LES FACTOR: All gross receipts of the unincorporated bu	usi-						
nes	ss, other than receipts from items of non-business income	\$	5		\$			
4. SU	M OF FACTORS: (Add Column 3)							
5. D.C	C. APPORTIONMENT FACTOR - Divide Line 4 by the num	nber 3, or 3	3 reduced by th	e number	of factors without a denon	ninator		
Sche	dule G-OTHER ALLOWABLE DEDUCTIONS (See specific	instruction	for Line 21)	Sched	ule H - INCOME NO	REPORTED (Clai	imed ac	s Nontayahla
20,10	Nature of Deduction		Amount		nstructions on page		ou di	. HOHILIAADIC
		\$		<u> </u>	Nature of Ir		\Box	Amount
		Ť		1			9	\$
								•
				l				
TOTA	L (Enter also on Line 21, page 1)	\$		TOTAL .			1	\$
Sche	edule I - BALANCE SHEET (See page 6 of	f Instruc	tions)	•				
			BEC	SINNING (OF TAX YEAR	END OF	TAX YEA	AR
			AMOUI	NT	TOTAL	AMOUNT		TOTAL
	1. Cash							
	Trade notes and accounts receivable							
	(a) MINUS: Allowance for bad debts						7	
	3. Inventories							
	Gov't obligations: (a) U.S. and its instrumentalitie							
	(b) States, subdivisions thereo							
(C)	5. Other current assets (attach statement)							·
ASSETS	6. Mortgage and real estate loans							
ASS	7. Other investments						4	
•	8. Buildings and other fixed depreciable assets]			
	(a) MINUS: Accumulated depreciation							
	9. Depletable assets						_	
	(a) MINUS: Accumulated depletion						\perp	
	10. Land (net of any amortization)						4—	
	11. Intangible assets (amortizable only)				-		-	
	(a) MINUS: Accumulated amortization						-	
	12. Other assets (attach statement)						-	
	13. TOTAL ASSETS						+-	
tal	14. Accounts payable				 		-	
api	15. Mortgages, notes, bonds payable in less than 1 ye						-	
) - C	16. Other current liabilities (attach statement)						 	
Liabilities - Capital	17. Mortgages, notes, bonds payable in 1 year or more						-	
iabil	Other liabilities (attach statement)						1-	
ات	10. Jupitur				1			



Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

30	neddie 3 - Dio i Nibo i ioi	AND RECON	ICILIATIO	14 01	141	I IIICOME (O	IX EOGO)					
Col. 1 Social Security		Col. 2 Percentage of Time Devoted	Pero age	I. 3 cent- e of	Col. 4 Salary Claimed	Col. 5 Exemption		SS	Col. 7 Net Income (or Loss) from	Col. 8 Total Income (or Loss) Not Taxable to the Unincorporated		
Ν	lame and Address of Owner(s)	Number	to this Ownershi				Claimed	D.C. Sou	rces	Outside D.C.	Business (Add Cols. 4 thru 7)	
			%		%	\$	\$	\$		\$	\$	
						\$	\$	\$		\$	\$	
	. 4 - See page 6 of Instructions					Enter total taxal	ole income a	s shown on Line	32 of re	eturn		
	. 5 - See page 6 of Instructions . 6 - Amount from Line 29 of re											
	. 7 - Enter the difference between		ne 29 of retu	rn				d Business from n)			\$	
su	IPPLEMENTAL INFORMA	ATION (See pag	ge 6 of ins	tructi	ons)							
1.	During 2000, has the Internal Reproposed any adjustments in yo		de or	. PR	INCIP	AL BUSINESS AC	TIVITY		3.	DATE BUSINESS	BEGAN	
turns, or did you file any amended returns with the Internal Revenue Service? 4. IF BUS						IESS HAS TERMI	NATED, STA	TE REASON	5.	TERMINATION D	ATE	
	rately, a detailed statement to Revenue, P.O.Box 610, Washin	PE OF	OWNERSHIP (so	ole proprieto	nartnershin etc	1						
	Revenue, P.O.Box 610, Washin	gion, D.C. 20044-0	010.		LOI	OWNEROIII (St	ле ргорпею	, partifership, etc	.,			
7.	Place where federal income tax i	return for period cov	ered by this	return	was fi	led:						
8.	Name(s) under which federal rete	urn for period covere	ed by this ret	urn wa	as filed	d:						
9.	Have you filed annual Federal In 1096 and 1099) pertaining to con			Yes	No	If no, please state	reason:					
10.	Is this return reported on the acc	rual basis?		Yes	No	If no, check method	od used:	☐ Cash bas ☐ Other (sp				
11.	Did you withhold D.C. income tax of your employees during 2000?			Yes	No	If no, state reasor	n: -					
	or your omproyees during zoos.			_	_		-					
12.	Did you file a franchise tax return	n for the business		Yes	No	If no, state reasor	n:					
	with the District of Columbia for the liftyes, enter name under which r	the year 1999?				,	-					
	ii yes, enter name under which i	etarri was ilieu.					-					
13	Does this return include income fro	m more than one hus	inass	Yes	No							
10.	conducted by the taxpayer?											
	(If yes, list businesses and net in	ncome (loss) of each	٦)									
_												
14.	Is the income from any other bus owned by the proprietors of this			Yes I	No □							
	in a separate return?				_							
	(If yes, list names and addresses	S OF THESE DUSINESSE	#S)									
15.	Is this business an adjunct of a c	nct of a corporation, or affiliated wi		Yes I	No							
	any corporation? (If yes, explain affiliation to stock	etors)										
16.	Did you file a 2000 D.C. Arena F			Yes I								